STATE OF ARIZONA
Government Information Technology Agency (GITA)

Rural Health Information Technology Adoption (RHITA) Grant Program
FY 2006-07

> **Rural Health Information Technology Adoption**
> **Grant Program**
> *Announcement Number: GITA-06-08-001*
> *Form Number: 06-09-002*
> **FY 2006-07**

Responses to Written Questions posed to the Grant Officer
Questions 1 through 17

Posted: September 25, 2006

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These questions have been deemed to have general applicability.
Grant Officer responses are typed in blue font

Question 1:

What is the definition of a "health care provider" for purposes of this grant?

For purposes of the RHITA Grant, a "health care provider" must meet the definition of a "health care provider" or "health oversight agency" as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The following definitions are therefore relevant:

A) **Glossary of Common Terms**
Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Health Care - Care, services, and supplies related to the health of an individual. Health care includes preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, among other services. Health care also includes the sale and dispensing of prescription drugs or devices.

Health Care Provider - Providers of medical or health care. Researchers who provide health care are health care providers. [See Health Care]

Health Oversight Agency - A person or entity at any level of the federal, state, local or tribal government that oversees the health care system or requires health information to determine eligibility or compliance or to enforce civil rights laws.

Note: The definition of "rural" and the prohibition of Federal agencies as a primary applicant, as described in the Grant Guidance, still apply.

Question 2:

If a hospital is located in a rural area but owned by a hospital located in a major metropolitan area, can that rural hospital apply for the RHITA grant and still meet the eligibility requirements listed on page 14 of the RHITA request for proposals?

Each primary applicant facility will be judged on its own accord. The Grant Guidance does not contain any provision that would define an otherwise rural facility by its potentially non-rural owner.

Question 3:

I see that No. 2 in the list of proposal inclusions (page 17 of the Announcement) is a copy of the CMS letter showing the applicant's Medicare/Medicaid provider number. Is this the letter that results from the clinic filing the Form CMS 855-A?

Yes.

Our clinic has only recently submitted that form (and other requisite forms), but has not received a number yet.

Is there any other documentation that will suffice, or are they out of the running until they have received the response to their application?

Proof of filing the CMS 855-A should be provided, as well as documentation showing the justification for applying for a Medicare/Medicaid number.   A successful applicant must have the Medicare/Medicaid number prior to release of any grant funds from the State.

Question 4:

Do you think that you will know before the October 20th submission deadline, whether the "grantee conference" in May or June 2007 will be in Phoenix or Tucson? The answer to that would affect whether to include travel expenses in the budget proposal.

We do not anticipate knowing by October 20th. Please plan for the further of the two cities (from your location) for your travel budget.

Question 5:

Can another grant could be used towards "matching funds" for the RHITA Grant?

Yes, as long as the other granting institution has no regulations forbidding the funds to be used as matching funds.

Question 6:

Definition of matching funds and in-kind contributions

Matching funds are cash or in-kind matches provided either by the applicant, partners, or a third party.

An "in-kind" match should be expressed in dollars, and can include, but is not limited to staff time (the value of salaries and fringe) spent by collaborating organizations on the project, communications and mileage costs, and equipment needed to enable Health Information Exchange (HIE) or adoption of Health Information Technology (HIT).

Question 7:

For organizations that are considering partnering, which organization should take lead?

The Grant Evaluation and eligibility, per the Grant Guidance, heavily rely upon the qualifications of the lead organization.

Question 8:

What qualifications should be submitted for IT personnel and project team members?

Any document, such as a bio or resume, pointing specifically to the qualifications relevant to this grant and not containing irrelevant information, is preferred.

Question 9:

Implementation versus planning grant – apply for one or both?

A single application can be made for a grant that would include both planning and implementation. Due to the source of monies for the grant program being in the State General Fund, and subject to the Availability of Funds clauses 4.2. and 4.3 in the Terms, Conditions and Offer document, it is preferable that activities which will be performed primarily in the current fiscal year be included in the grant application.

Question 10:

Regarding the question, "Does this proposal have senior management approval?" – what is the definition of "senior management"?

"Senior management" would include officers of the organization capable of making final fiscal and resource commitments for the organization, including the signing of contracts.

Question 11:

What qualifies as vendor?

A vendor would be a commercial, for-profit business that does not qualify as a health care provider or health oversight agency as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and intends to sell health information technology products or services to either the primary applicant or its partners as part of the activities for which grant monies would be used.

Question 12:

Applicant and partner have funding of their own – does this get additional points?

Funds from the primary applicant and its partners may comprise the matching funds.

Question 13:

Agency is health care educator – people referred to them from other agencies for health care education – they partner with Indian Health Services – would this agency qualify?

If agency qualifies as a "health care provider" or "health oversight agency" under the HIPAA definition, it is eligible to apply.

Question 14:

Would the State consider two applications from one applicant?

The Grant Guidance does not prohibit a single applicant submitting multiple applications.

Question 15:

What does the guidance mean by "core business activities"?

"Core business activities" are defined as the primary activities for which the organization or agency was established.

Question 16:

We are seeking the opportunity to apply for the grant where it would provide a fiber network (backbone) for our Department of Health and Human Services. Would the grant consider this to be an eligible cost?

The Grant Guidance has not narrowly defined "Health Information Technology." Telecommunications is commonly considered information technology.

Question 17:

Our clinic system includes eight separate and distinct clinics and communities. May we apply as a single entity to implement EHR's for our entire clinic system, or do we need to have other outside collaborators, beyond our eight clinic sites, that will specifically connect with our EHR system as a part of implementation? It is our intention to collaborate with and receive support letters from the various hospitals in our region and to develop enhanced connectivity and partnering via EHR in the future, but for the purpose of this grant's timeline may we apply as a single clinic system?

There is nothing in the Guidance that prohibits an entity from applying in either way. The applicant should describe the collaboration under Element 2 and in any other applicable areas, and back up the collaboration with letters of support. It is up to the

applicant to explain in the best possible manner how their application satisfies the various evaluation criteria.